

Title of Research Four Dimensional approach to resident training: Pathology, Clinical Scenarios, Interactive Sessions and Patient Views

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Abstract

Objective or Hypothesis Complex patient scenarios with medical issues and psychosocial components are an integral part of Family Medicine. Residency involves patient encounters in separate clinical contexts and often lack continuity of care. The “human” element of the patient’s experience, family views and building strong physician-patient relationships form the core of primary care. To train family medicine residents in incorporating the skills and views of a multidisciplinary team in long term care of patients with difficult or chronic diagnoses, a Case-Based Interactive method was developed. Our hypothesis is that this format is well received by residents and is effective in lifelong learning for both residents and faculty.

Population Residents

Methods The 90 minute sessions have 4 core components: pathology discussion, real case scenario, interactive/skills stations and patient feedback. This is done once every 2 months with a patient scenario deemed important for resident education. The description of the clinical scenario is in a morbidity and mortality format, followed by teaching about the underlying prominent pathology. Later in the session, residents break out into groups to discuss or practice skills necessary for the scenario (e.g. response to a Code Blue). The most unique aspect of this presentation, is having the actual patients and their families come to the resident conference and talk to their comfort level about the event and the aftermath. Multidisciplinary staff and faculty also participate in these sessions. After completion of the sessions, residents filled out an anonymous survey about their learning experiences. These surveys were analyzed qualitatively.

Main Results Survey results were supportive of the case-based interactive seminars. Valued parts of the seminars included the interactive learning experience, the patient and their family’s perspectives, clinically relevant cases, and multidisciplinary team involvement. Residents appreciated the instructions on how to approach and manage difficult situations family medicine doctors commonly face along with the psychosocial issues. The sessions were found to be engaging and effective. Residents enjoyed having the patient’s end result or current continued care relayed, thus bringing in continuity of care. The consensus of all respondents was that these seminars provided clinically relevant material that could be put forward to clinical practice.

Conclusions Case-based interactive seminars with actual patient input are an effective and memorable method of combining traditional didactic learning with tangible patient-centered care. This is an effective way of bridging all of the core competencies (patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and systems-based practice) into a concise and memorable group activity. This is consistent with the ACGME guidelines for Family Medicine resident education. Multidisciplinary staff insights were a valuable aspect of these sessions.

IRB Exemption ☒ **HIPAA Compliance** ☒

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